



NORTHWEST COMO RECREATION CENTER

1550 N. Hamline Ave. 55108 651-298-5813

2010 BASEBALL, SOFTBALL, NERARBALL & T-BALL REGISTRATION FORM

April 5 - 23

Receive \$10 off for early registration the week of April 5-9

It is a Department of Parks & Recreation & Municipal Athletics policy that all participants must have a copy of their Birth Certificate on file at Northwest Como for them to be eligible to participate. Participants must also live or go to school in St. Paul.

<> PRACTICE TIMES WILL BE DETERMINED AFTER REGISTRATION DEADLINE <>



***** IMPORTANT INFORMATION *****

- * Space is limited & waiting lists may form during registration period.
- * Registration is NOT final until completed registration form is turned into the NW Como office along with your registration fee and birth certificate.
- * You may also register online at www.ci.stpaul.mn.us
- NO uniforms will be handed out without registration being completed or with birth certificate turned in.
(No refunds will be given after the first practice/game. All refunds are subject to a \$10 administrative charge.)

<u>(X) LEVEL</u>	<u>AGE CLASSIFICATION</u>	<u>GAME DAYS</u>	<u>COST</u>
<input type="checkbox"/> Mickey Mouse T-ball Co-ed	3-4 yrs. old (may not turn 5 before 9-1-2010)	Monday evenings	\$25
<input type="checkbox"/> T-Ball Co-ed	5-6 yrs. old (may not turn 7 before 9-1-2010)	Monday evenings	\$35
<input type="checkbox"/> Nearball Coach Pitch Co-ed	7-8 yrs. old (may not turn 9 before 9-1-2010)	Tuesday evenings	\$35

SLOW PITCH SOFTBALL

<input type="checkbox"/> 8-10 yrs. old - participants age as of January 1, 2010	Thursday evenings	\$50
<input type="checkbox"/> 11-12 yrs. old - participants age as of January 1, 2010	Tuesday evenings	\$60
<input type="checkbox"/> 13-14 yrs. old - participants age as of January 1, 2010	Tuesday evenings	\$60

FAST PITCH SOFTBALL

<input type="checkbox"/> 11-12 yrs. old- participants age as of January 1, 2010	Tuesday evenings	\$75
<input type="checkbox"/> 13-14 yrs. old- participants age as of January 1, 2010	Monday evenings	\$75

BASEBALL

<input type="checkbox"/> 7-8 yrs. old "Machine pitch"- participants age as of May 1, 2010	Mon. evenings	\$40
<input type="checkbox"/> 9-10 yrs. old "Rookie"- participants age as of May 1, 2010	Thurs. evenings	\$55
<input type="checkbox"/> 11-12 yrs. old "Rookie"- participants age as of May 1, 2010	Mon. &/or Wed. evenings	\$75
<input type="checkbox"/> 13-15 yrs. old "RBI"- participants age as of May 1, 2010	Tues. &/or Thurs. evenings	\$75

CHILD'S NAME _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ZIP _____

BIRTH DATE ____/____/____ PARENT(S) EMAIL _____

PHONE (home) _____ WORK _____ CELL _____

Emergency Contact (name/#) _____ Shirt Size Y ____ or A ____

SCHOOL _____ ('09-'10) AGE _____ GRADE _____

Does this participant have any health problems that the staff or coaches should be aware of? Yes ____ No ____

IF YES, PLEASE EXPLAIN _____

I hereby give permission for my child to participate in this program at NW Como during the current season. I assume all risks and hazards of this activity. I will also be responsible for the transportation to and from this activity.

PARENT'S SIGNATURE _____ DATE ____/____/____

☺ OVER →

STEP UP!

VOLUNTEERS NEEDED! The success of this program is dependent upon the support of our parents & volunteers. Please contribute to our program by volunteering. One child's fee will be waived for the Head coach position.

_____ Head Coach _____ Assistant Coach _____ Drive kids to Games

NAME OF VOLUNTEER (Please Print) _____ (#) _____

Email _____ Cell _____

NOTE: ALL COACHES WILL BE REQUIRED TO DO A BACKGROUND CHECK & BECOME CERTIFIED THROUGH THE CITY.

~~~~~

## TEAM ASSIGNMENT POLICY

If it is necessary to divide players into more then one team, the recreation center will follow these guidelines.

- 1) Divide the players so there are equal numbers of players on each team.
- 2) Divide the players equally according to age.
- 3) Divide the players equally according to competitive strength, which may in tale a skills assessment.

After these guidelines are met, we will try to comply with any request. However, **we cannot guarantee these requests.** In order for a request to be considered both children will need to request one another on their registration forms. You may only request ONE friend. Only sibling request will be guaranteed. Please Note: Coaches do not assign teams and do not have the authority to make team changes at anytime.

Name of the **ONE** participant that you are requesting: \_\_\_\_\_

Reason for the request \_\_\_\_\_

## ST. PAUL PARKS & RECREATION YOUTH ATHLETIC - PHILOSOPHY STATEMENT

The City of St. Paul's Department of Parks & Recreation is committed to providing quality athletic programming for youth of all ages & abilities. The basic foundation of our program is:

- <> to encourage participation in physical activity
- <> to promote the development of athletic skills
- <> to provide a safe place to have fun

Our program is built on the principals of fair play, good sportsmanship, and respect for one 's self, one's teammates, one's opponent & the game officials. It is our expectation that everyone involved in youth athletic programs will contribute in a positive manner, creating a healthy environment where participants will feel safe & welcome & where they will find their athletic experience rewarding.

~~~~~

OFFICE USE ONLY: DATE _____	CASH \$ _____	CHECK # _____	Amount \$ _____
RECEIPT # _____	STAFF _____	B.C. ON FILE _____	



www.stpaul.gov/parks

